PTO/SB/06 (08-03)

	MI ALLEIGA	TION FEE D	ETERMINA	TION RECO	ORD:	tion unless I	l display	's a valid OM	ONB 065 1-0 OF COMMER OF COMMER Onlrol numb	
PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number			
CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY							OR OR	OTHER THAN		
FOR BASIC FEE	NUMBER F	ILED I	NUMBER EXTRA		RATE FEE		1	SMAL	LENTITY	
(37 CFR 1.16(a)) TOTAL CLAIMS					<u>'</u>			RATE	FEE	
(37 CFR 1.16(c)) INDEPENDENT CLAIMS	min	nus 20 = •		X 1_	= -		OR .			
(37 CFR 1.16(b))		us 3 = .		X 1	=		OR -	× 3=	 	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						-	X 1 =	 		
* If the difference in column 1 is less than zero, enter "(vmn 2	101	=-	'	DR [+ 1 ===	ļ	
CLAIMS AS AMENDED - PART II					AL [(DR	TOTAL		
(Column 1) (Column 2) (Column 3) SMALL ENTITY						. (DR.	ОТНЕГ	MAHT S	
Y L N	EMAINING AFTER IE/IGMENT	HIGHEST NUMBER PREVIOUS	R PRESEIVE	RAI	. ADI	OI		SMALL	ADDI:	
Total .	Min	1959 's 1959	-	-	FE		_		TIONAL	
Z Independent	Minu	,,		× 1		$A \circ A$, /	1=	7_	
FIRST OPESCHIATION	OF WHICHOLE DEPE	10 LIII OLA (2)	CCH (16(c)	7 /		OI-	: <u> x</u>	1=		
				J. 101AL		OR	٠	s=		
	lumn ()	(Column 2	(Column 3)	ADD'L FE	£ 1/	OR		יסיניפנ [/	
1 00	LAIMS MAINING FTER NOMENT	HIGHEST NUMBER PREVIOUSLY	PRESENT	RATE	A.D.D.I			RATE	ADDI:	
Total (ST CFR 1.16(ct)	Minus	PAID FOR	-		FEE				TIONAL	
Total	Minus	·	=	X 1	-	OR	× 5			
PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 1610)						Or:	× 3_			
TOTAL							101			
	mn t)	(Column 2)	(Column 2)	ADD'L FEE		OR		n ree		
∩EM/	AIMS AINING	HIGHEST NUMBER	(Column 3) PRESENT		-1	¬ .		·		
Total Pr CFR 1.15(c)) AF AIMENI	TER DMENT Minus	PREVIOUSLY PAID FOR	EXTRA	RATE	ADDI- HONAL FEE		R.	эта	ADDI: TIONAL FFE	
Independent (37 CFR 1.16(b))	Minus	•••	=	X \$=		OR	X 5_	_ =		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						OR	X 1			
,	MOCTIFICE DEPENDE	VI CLAIM (37 CF)	R 1.16(d))	+ 1 =		OR	4 5	=		
IOTAL ADDY. If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". The "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".						OR	JODA J'ODA			

The 'Highest Number Previously Paid For' (Lotal or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1 16. The information is required to obtain or retain a benefit by the public which is to file fand by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFP 1.14. This collection is estimated to take 12 minutes to complete, on the amount of time you require to complete this form and/or suggestions for reducing this hundern should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. PURIOUS SEND 10. Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. APDPRICE SERB 10. Commissioner for Patents, P.O. Box 1450, Alexandria, v.6.27113-1450.